

03/22/01
1051 U.S. PTO

03-23-01

A/KE

PATENT
650.00529

1051 U.S. PTO
09/815414
03/22/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ENAMI ET AL.

For Reissue of Patent No.
5,948,850

Issued: September 7, 1999

) THERMOPLASTIC ELASTOMER
) COMPOSITION FOR POWDER SLUSH
) MOLDING AND PROCESS FOR
) PREPARATION OF SAID
) COMPOSITION
)
)

TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith in connection with the above-referenced application are
the following:

1. Fee Transmittal Form (PTO/SB/56);
2. Request for Abstract of Title and check in the amount of \$25.00 in
payment of the requisite fee;

* CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Express Mail Mailing Label Number EM112847799

Date of Deposit 3-22-01

I hereby certify that this paper or fee is being deposited
with the United States Postal Service "Express Mail Post
Office to Addressee" service under 37 CFR 1.10 on the
date indicated above and is addressed to the Assistant
Commissioner of Patents, Washington, D. C. 20231.


J Craine
(Typed or Printed Name of Person Mailing Paper or Fee)

J Craine
(Signature of person mailing paper or fee)

3. Copy of Enami et al., U.S. Patent No. 5,948,850, amended as described in the Reissue Declaration;
4. Petition; Offer To Surrender Original Patent, And Power Of Attorney;
5. Reissue Declaration of Hirohide Enami, Kenro Ono, and Kastuyuki Hioki under 37 CFR 1.175;
6. Filing fee in the amount of \$1524.00; and
7. Return Receipt Postcard (MPEP 503).

If an additional fee is required for any reason, please charge Deposit Account No. 23-0785 the necessary amount; in the alternative, please credit Deposit Account No. 23-0785 in the event of an accidental overpayment.

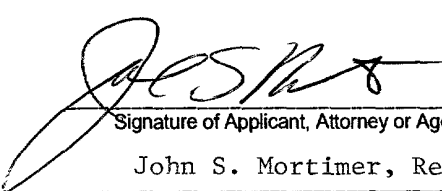
Respectfully submitted,


John S. Mortimer, Reg. No. 30,407

WOOD, PHILLIPS, VANSANTEN,
CLARK & MORTIMER
500 West Madison Street, Suite 3800
Chicago, IL 60661
(312) 876-1800

Date: March 20, 2001

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 650.00529		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 26	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 49	**** 23 =	x \$ _____ =	or	x \$ 18 =	\$ 414.00	
(C) 5		(D) 10	* 5 =	x \$ _____ =		x \$ 80 =	400.00	
Basic Fee (37 CFR 1.16(h)) \$ _____								\$ 710.00
Total Filing Fee \$ _____						OR	\$ 1524.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee \$ _____						OR	\$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>23-0785</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1524.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p><u>3/20/01</u> Date</p> </div> <div style="width: 60%; text-align: center;">  Signature of Applicant, Attorney or Agent of Record John S. Mortimer, Reg. 30,407 Typed or printed name </div> </div>								